Promoting a Positive Learning Environment

Teaching Academy
Essentials of Teaching 2023

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Objectives

Review how medical student mistreatment is defined and measured by the AAMC and experienced by our students

Gain a greater understanding of the *nuances* of mistreatment and the challenges inherent in addressing it

Better understand both learner and faculty perspectives on challenges encountered in the learning/work environment

Develop and review tools that may help bridge generational divides and improve the learning environment
“Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.”

Association of American Medical Colleges: Graduation Questionnaire 2001
Background

• The culture of medicine has long been known to involve hierarchical intimidation (Frank 2006)

  • Bullying dynamics thrive in hierarchical environments of low self-reflection, little opportunity for dialogue, and limited external oversight (Johnson, 2009)

  • Students and trainees are on the lowest tier (Johnson, 2009)

• 1982: Pediatrician Henry K. Silver MD first raised the concern in a JAMA commentary

“Maybe my suspicions are unfounded. Maybe none of the students are being abused. Maybe I’m just allowing my imagination to run wild. Maybe what medical students experience and how they respond is a necessary part of becoming a doctor. Maybe it is actually good for them to go through what they do. Maybe I am wrong. Maybe I should just forget about it...”

Or maybe the Faculty Member is right. And if he is, what are we going to do about it?
Content for GQ Mistreatment Questions

- Publicly embarrassed/humiliated
- Threatened with physical harm or physically harmed
- Required to perform personal services
- Subjected to offensive sexist, racial, ethnic, or sexual orientation remarks
- Based solely on gender, race, ethnicity, or sexual orientation
  - Denied opportunities for training or rewards
  - Received lower evaluations or grades
- Subjected to unwanted sexual advances
- Asked to exchange sexual favors for grades or other rewards
Prevalence (%) of selected mistreatment reported on AAMC GQ

<table>
<thead>
<tr>
<th>Category</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Denied Training</td>
<td>6.2</td>
<td>5.7</td>
<td>6.0</td>
<td>5.9</td>
<td>5.2</td>
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<tr>
<td>Personal Services</td>
<td></td>
<td></td>
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<tr>
<td>Subjects to Racist Remarks</td>
<td>8.5</td>
<td>8.5</td>
<td>9.5</td>
<td>9.4</td>
<td>8.9</td>
</tr>
<tr>
<td>Subjects to Sexist Remarks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publicly Humiliated</td>
<td>15.2</td>
<td>15.6</td>
<td>15.5</td>
<td>13.8</td>
<td></td>
</tr>
<tr>
<td>Total Who Experienced Other Than Publicly Embarrassed</td>
<td>22.7</td>
<td>21.8</td>
<td>21.8</td>
<td>21.5</td>
<td>21.0</td>
</tr>
</tbody>
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NAT’L DATA: PERCENT EVER EXPERIENCED
Wide Implications
Developed a Film Based Curriculum

- Script created from focus groups and student reports at UVM
- Themes universal
- 8 minutes long; contains 4 vignettes
On-Line Module

- Required for onboarding of faculty
- Required for medical students and incoming housestaff unable to attend the presentation
- Defines mistreatment
- Explores factors that contribute to and mitigate mistreatment
- Links to policies and reporting routes w/ attestation function
- Available for your use!
Recent concerns reported:
Misgendering
Misprronunciation of names
Scenario 1: Does this constitute mistreatment?

A. Yes
B. No
C. Not sure
Scenario 2: Does this constitute mistreatment?

A. Yes
B. No
C. Not sure
Scenario 3: Is there mistreatment here?

A. Yes
B. No
C. Not sure
Scenario 4: Does this constitute mistreatment?

A. Yes
B. No
C. Not sure
Break Out Group Instructions

Please discuss each of the four scenarios with the following questions in mind:

• Is this mistreatment?
• Do the behaviors illustrated in this scenario foster a sense of belonging?
• What could the faculty member have done to create a more welcoming learning environment?
Debrief

• Is this mistreatment?
• Do the behaviors illustrated in this scenario foster a sense of belonging?
• What could the faculty member have done to create a more welcoming learning environment?
What We Learned

• Feedback from film discussions led us to discover that the issue is more complicated!

• Perspective of faculty, staff, residents and nurses important to consider and relay to students
Film #2: Educator & staff perspectives on challenges encountered in the learning environment

Lack of situational awareness
Disinterest, absorbed in technology
Tardiness or Truancy
Inappropriate feedback
Bridging the Gap Through Film and Dialogue...

FIRST FILM HELPS FACULTY/RESIDENTS/STAFF BECOME MORE AWARE OF STUDENT CONCERNS

SECOND FILM HELPS STUDENTS BECOME MORE AWARE OF FACULTY/RESIDENT/STAFF PERSPECTIVE
Dialogue leads to additional learning environment initiatives

- Student education on providing constructive, professional feedback to faculty (Clerkship and Foundations level)
- Nurse shadow/orientation at beginning of clerkship
- Nurse education on navigating the operating room before first surgical clerkship
- Equity and justice initiatives in collaboration with ODEI, OME, LEAP, Teaching Academy, UVM
- “Cup of Coffee” conversations supporting professionalism
Learning Environment

PERSONAL

ORGANIZATIONAL

SOCIAL

VIRTUAL

PHYSICAL

CONTEXTS IN WHICH MEDICAL STUDENTS FORM IDENTITIES AS FUTURE PHYSICIANS.
Faculty Resources

http://www.med.uvm.edu/mededucation/learningenvironment/faculty_resources

LCOM Teaching Academy Faculty Development Events
Faculty Development Series for Clinical Teachers,
(monthly Zoom sessions)

Creating a Positive Learning Environment (and avoiding mistreatment)

Kindness, respect, and cultural humility are among the tenets that help inform our University of Vermont College of Medicine Professionalism Statement. As we strive to embody these tenets interactions, our learning environment inevitably improves. In that spirit, we have compiled strategies, i.e., things to say — and not to say — that we hope can be helpful as we all work to create and maintain a positive learning environment, free of mistreatment, for all our trainees.

6 EASY THINGS WE CAN DO TO HELP CREATE A POSITIVE LEARNING ENVIRONMENT

<table>
<thead>
<tr>
<th>Example term</th>
<th>Suggested Replacement</th>
<th>Additional Notes</th>
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<tbody>
<tr>
<td>Chairman, manpower, etc.</td>
<td>Chairperson, people power</td>
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<tr>
<td>“Hey guys” / “ladies and gentlemen”</td>
<td>Folks / y’all / colleagues / friends / attendees / everyone</td>
<td>Gender neutrality in common phrases can increase inclusivity and validate the presence of cisgender women, transgender, and nonbinary individuals.</td>
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<tr>
<td>“Boys and girls”</td>
<td>Children / kiddos</td>
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<tr>
<td>“Husband” / “wife”</td>
<td>Spouse / Partner</td>
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<tr>
<td>“Mom and dad” or “mother and father”</td>
<td>Parents / Guardians</td>
<td></td>
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<tr>
<td>“Women’s care”</td>
<td>Gynecologic Care / Obstetric Care / Breast care</td>
<td>Adding specificity provides organ/system-based, rather than gender-based, language and is inclusive of trans or nonbinary people with those organs.</td>
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<tr>
<td>Preferred pronouns</td>
<td>“Personal pronouns” / “pronouns”</td>
<td>Pronouns reflect gender identity, utilizing “preference” insinuates choice.</td>
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